

Your Guide to Medicare's Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program

This official government guide has important information about the following:

- Who is affected by this new program
- How this new program works
- Where to go for more information



The information in this guide was correct when it was printed. Changes may occur after printing. Call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov to get the most current information. TTY users should call 1-877-486-2048.

“Your Guide to Medicare’s Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

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SECTION

Introduction

1

What is the DMEPOS Competitive Bidding Program?

Starting January 1, 2011, Medicare is phasing in a new competitive bidding program in some areas of the country. This program will change the amount Medicare pays suppliers for certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) and make changes to which suppliers Medicare will pay to supply these items to you.

The program replaces the prices Medicare is currently paying with lower, more accurate prices. Under this program, suppliers submit bids to furnish certain medical equipment and supplies at a lower price than what Medicare now pays for these items. Medicare uses these bids to set the amount it will pay for those equipment and supplies under the new program. Qualified, accredited suppliers with winning bids are chosen as Medicare contract suppliers. The program will do the following:

- Help you and Medicare save money
- Ensure that you have access to quality medical equipment, supplies, and services from suppliers you can trust
- Help limit fraud and abuse in the Medicare Program

If you have Original Medicare and you live in one of the covered areas and use equipment or supplies included in the program (or get the items while visiting), you will almost always have to use Medicare contract suppliers (suppliers who participate in the competitive bidding program because they have met Medicare quality and financial standards and they had successful bids) if you want Medicare to help you pay for the item.

What is the DMEPOS Competitive Bidding Program? (continued)

If you rent oxygen or certain other durable medical equipment, and your current supplier isn't a contract supplier, you may be able to continue renting these items from your current supplier when the program takes effect, if your current supplier decided to participate in the program as a "grandfathered" supplier.

If you live in these areas (or get these items while visiting them) and don't use a Medicare contract supplier or a "grandfathered" supplier, Medicare usually won't pay for the item, and you will likely pay full price. It's important to know if you're affected by this new program to make sure your item is covered by Medicare and to avoid any disruption of service.

SECTION

2 Areas and Items Included in the New Program

Who will be affected by this program, and in what areas?

Starting January 1, 2011, the new program will apply to people with Original Medicare who live in (or travel to) the following 9 areas:

- Charlotte-Gastonia-Concord (North Carolina and South Carolina)
- Cincinnati-Middletown (Ohio, Kentucky, and Indiana)
- Cleveland-Elyria-Mentor (Ohio)
- Dallas-Fort Worth-Arlington (Texas)
- Kansas City (Missouri and Kansas)
- Miami-Fort Lauderdale-Pompano Beach (Florida)
- Orlando-Kissimmee (Florida)
- Pittsburgh (Pennsylvania)
- Riverside-San Bernardino-Ontario (California)

These included areas are arranged by ZIP codes. If your permanent residence is in one of these ZIP codes, then the new program applies to you. Your permanent residence is the address that the Social Security Administration has on file for you.

How can I find out which ZIP codes are included in the program?

You can find a list of ZIP codes for each area of the program by visiting www.medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Will the program expand to other areas of the country?

Yes, eventually. The program will expand to 91 additional areas in the next phase of the program. In 2011, suppliers will compete to become contract suppliers for these 91 areas. Visit www.cms.gov/DMEPOSCompetitiveBid for a list of these areas. Medicare will provide more information about what people with Medicare need to know about the next phase well before it starts.

What kinds of items are included?

The following categories of items are included in the first phase of the program, which begins on January 1, 2011:

- Oxygen, oxygen equipment, and supplies
- Standard power wheelchairs, scooters, and related accessories
- Complex rehabilitative power wheelchairs and related accessories (Group 2 only)
- Mail-order diabetic supplies
- Enteral nutrients, equipment, and supplies
- Continuous Positive Airway Pressure (CPAP) devices and Respiratory Assist Devices (RADs), and related supplies and accessories
- Hospital beds and related accessories
- Walkers and related accessories
- Support surfaces (Group 2 mattresses and overlays in Miami-Fort Lauderdale-Pompano Beach only)

To check if an item you use is included in the program, visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

SECTION

What Medicare will Pay

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After the program starts, do I have to get any new supplies or equipment from a Medicare contract supplier?

In most cases, if you have Original Medicare coverage and get program items in program areas, Medicare will only help pay for these items if they are furnished by contract suppliers. However, there are a few exceptions. For example, you may be able to continue renting some types of medical equipment (including oxygen) from your current supplier, even if that supplier isn't a contract supplier, if that supplier chooses to be a "grandfathered" supplier. You can also sometimes get a walker from doctors, certain other treating health care practitioners, or hospitals even if they aren't contract suppliers. In these situations, Medicare will still help you pay for these items.

Where can I find a list of Medicare contract suppliers?

A complete listing of these suppliers by product category is posted on www.medicare.gov. You can also get this information by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. A customer service representative can help you find a supplier.

If I want Medicare to continue to help me pay for an item, do I have to change suppliers if I'm already renting equipment from a supplier that isn't a Medicare contract supplier?

If you're already renting certain medical equipment or oxygen when the program starts January 1, 2011, you may have the choice to stay with your current supplier. Suppliers that aren't Medicare contract suppliers can decide to become "grandfathered" suppliers for certain rented items. A "grandfathered" supplier may continue to rent certain equipment to you if the supplier rents the equipment to you at the time the program starts. This rule applies only to certain equipment that can be rented, such as Continuous Positive Airway Pressure (CPAP) devices, oxygen, and oxygen supplies. If you start renting additional equipment from a "grandfathered" supplier after January 1, 2011, Medicare won't pay for the new equipment. If you're renting equipment that is eligible for grandfathering, your supplier will let you know in writing 30 business days before the program begins whether it will or won't become a "grandfathered" supplier.

What happens if my supplier decides NOT to become a "grandfathered" supplier?

A non-contract supplier that decides not to become a "grandfathered" supplier is required to pick up the item from your home after the program begins and you've been notified. Your supplier must notify you three times before it can pick up the item:

1. The supplier must send you a letter at least 30 business days before the program begins telling you that it will no longer provide rental items to you after a certain date. This letter will tell you the date on which a Medicare contract supplier must begin to furnish you with the rented item.
2. Before the supplier can pick up your equipment, it must call you 10 days prior to picking up the item.
3. The supplier must call you again two business days prior to picking up the item.

What happens if my supplier decides NOT to become a “grandfathered” supplier? (continued)

A supplier that isn't “grandfathered” isn't allowed to pick up a medically-necessary item(s) before the end of the last rental month for which the supplier is eligible to receive a rental payment, even if the end of the last rental month occurs on or after January 1, 2011. If you change to a Medicare contract supplier, your old supplier should work with the contract supplier so there isn't a break in service. Keep the pickup slip or other documentation from the supplier that shows you no longer have the item.

Example:

If your last rental month that begins before January 1, 2011, starts on December 27, 2010, your current supplier must continue to provide the equipment you need until January 28, 2011. Your current supplier must work with your new contract supplier to get new equipment to you on January 28, 2011. They must make sure that there is no lapse in your treatment because of this change.

What should I do if I don't hear from my supplier about whether it plans to become a “grandfathered” supplier?

If you don't hear from your supplier, you should contact them. You need to find out if they are a contract supplier or intend to be a “grandfathered” supplier. If they aren't, you will need to find a Medicare contract supplier in order for Medicare to pay.

What about certain medical equipment and supplies (such as a walker), I get from my doctor or hospital?

Medicare will help pay for a walker furnished to you by your doctor or treating health care practitioner (including physician assistants, clinical nurse specialists, and nurse practitioners), even if he or she isn't a Medicare contract supplier, as long as the walker is supplied in the office during a visit for medical care. If you are admitted to a hospital and need a walker, Medicare will also help pay for it if it's furnished to you by the hospital while you are admitted or on the day you are discharged from the hospital even if the hospital is not a contract supplier.

Am I affected if I'm in a Medicare Advantage Plan?

The Competitive Bidding Program applies to Original Medicare only. If you're enrolled in a Medicare Advantage Plan (like an HMO or PPO), your plan will notify you if your supplier is changing. If you're not sure, contact your plan.

If I have Medicaid and Medicare, will Medicaid cover an item I get from a non-contract supplier if Medicare doesn't cover the item?

If you're a Qualified Medicare Beneficiary (QMB) only, Medicaid pays Medicare deductibles, coinsurance, and copayment amounts only. If Medicare denies payment, Medicaid won't pay for the item.

If you're a Qualified Medicare Beneficiary (QMB) Plus, Specified Low-Income Medicare Beneficiary (SLMB) Plus, or other Full Benefit Dual Eligible (FBDE), then you're eligible for full Medicaid State Plan services as well as Medicare. Medicaid would pay for the item you purchased if these two conditions are met:

- The item is covered under the Medicaid State Plan.
- Your state's Medicaid program doesn't require that DME providers be Medicare contract suppliers.

Do I have to change doctors?

No. This program doesn't affect which doctors you can use.

What if I need a specific brand of item or supply?

The Competitive Bidding Program has special protections to make sure you get the specific types of medical equipment you need to protect your health. If you need a specific brand of equipment or supplies, or you need an item in a specific form, your doctor must prescribe the specific brand or form in writing. Your doctor must also document in your medical record that you need this specific item or supply for medical reasons. In these situations, a Medicare contract supplier is required to furnish the exact brand or form of item you need, help you find another contract supplier that will furnish that brand or form, or work with your doctor to find an alternate brand or form that is safe and effective for you.

What if I travel to one of the areas included in this program and need to get medical equipment or supplies?

If you travel to an area included in the program, you must get any medical equipment or supplies included in the program from a Medicare contract supplier if you want Medicare to help you pay for the equipment or supplies. Your out-of-pocket costs will be the same as when you are at your permanent home. You will still be responsible for paying the 20% coinsurance after meeting your annual Part B deductible.

If you permanently live in...	And travel to...	Medicare will help you pay for supplies furnished by...
An area participating in the program	A different area participating in the program	A Medicare contract supplier located in the area you traveled to for items included in the program*
An area participating in the program	An area NOT participating in the program	Any Medicare-approved Supplier
An area NOT participating in the program	An area participating in the program	A Medicare contract supplier located in the area you traveled to for items included in the program*
An area NOT participating in the program	An area NOT participating in the program	Any Medicare-approved Supplier

* If you don't use a Medicare contract supplier, the supplier may ask you to sign an Advance Beneficiary Notice. This notice says Medicare probably won't pay for the item or service. The supplier will probably require you to pay for the full cost of the item.

SECTION

Cost

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Does the new program change what I pay for these items?

Yes, you will pay less. Under the new program, contract suppliers can charge you only the competitively bid payment amount, which is less than what Medicare currently pays (the Medicare-approved amount). So when Medicare pays less, you will pay less too.

Do I still have to pay my deductible?

Yes. When the program begins, you will still be required to pay your annual Part B deductible whether or not you live in a competitive bidding area and the equipment or supplies ordered by your doctor are included in the program. Each year, you must pay the deductible before Medicare starts to pay its share. After the deductible is met, Medicare pays 80% of the Medicare-approved amount for equipment, supplies, and services. The deductible in 2011 is \$162.

How does Medicare pay for equipment or supplies if I have other insurance?

If you have other insurance that pays before Medicare, it may require you to use a supplier that isn't a contract supplier. In those cases, Medicare may make a secondary payment to that supplier. The supplier must meet Medicare enrollment standards and be eligible to get secondary payments from Medicare. For more information, check with your benefits administrator, insurer, or your plan provider.

What if I get an item from a supplier who isn't a Medicare contract supplier?

If you live in one of the affected areas and get an item included in the program from a supplier who isn't a Medicare contract supplier, Medicare will most likely not pay for the item. In these situations, you may be asked to sign an Advance Beneficiary Notice. This Notice will inform you that Medicare probably won't pay for the item or service, and that you may be responsible for paying the entire cost.

If I travel to one of the areas in this program, will I pay the same amount that I'd pay at home?

Your out-of-pocket costs will be the same as when you're at your permanent home. You will still be responsible for paying the 20% coinsurance after meeting your annual Part B deductible.

It's important to know that for any equipment or supplies that are included in the Competitive Bidding Program, the Medicare contract supplier can't charge you more than the 20% coinsurance and any unmet annual deductible. If you suspect that you're paying more coinsurance than the Medicare-approved amount, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can also call the Fraud Hotline of the HHS Office of Inspector General at 1-800-447-8477. TTY users should call 1-800-377-4950. **Note:** If you live in Florida, call Medicare's Florida fraud hotline at 1-866-417-2078.

SECTION

Item-Specific Information

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What you need to know if you buy diabetic supplies like test strips and lancets

If you live in one of the program areas, Medicare will pay for your supplies if you use either a mail-order contract supplier or go to your local pharmacy or storefront to get your diabetes testing supplies. Local stores don't have to be Medicare contract suppliers unless they are also offering diabetic supplies through the mail.

If you go to your local store to get your diabetic testing supplies, you will probably be paying more for the cost of these supplies than you would if you bought them through a mail-order contract supplier. Remember, if you choose to buy your diabetic testing supplies through mail order, you must use a mail-order Medicare contract supplier for Medicare to help pay for the items.

“Mail order” means items ordered by phone, email, Internet, or mail, and delivered to your house by common carriers like the U.S. Postal Service, Federal Express, or United Parcel Service. It doesn't include items bought from local supplier storefronts.

- If your current mail-order supplier is a Medicare contract supplier for your area, you don't have to do anything. You can continue getting your supplies from them, and Medicare will help pay.
- If you permanently live in a competitive bidding area and choose to buy your diabetic testing supplies through the mail, you must use a mail-order contract supplier to get these items.
- This new program doesn't require that you change your testing monitor. If you're happy with your current monitor, look for a mail-order contract supplier or local store that can provide the supplies you need.
- If you switch suppliers, you might need to get a new prescription for testing supplies or arrange to have your current prescription transferred. Plan ahead before you run out of supplies.

What you need to know if you use enteral nutrients, supplies, and equipment

- If you're getting these supplies or equipment in a Skilled Nursing Facility or Nursing Facility, you don't need to do anything. The facility will make sure that you receive your Medicare-covered enteral nutrients, supplies, and equipment.
- If you permanently live in an area listed on page 7, starting on January 1, 2011, you always need to get your enteral nutrients and supplies (feeding supplies) from a Medicare contract supplier under the new program for Medicare to pay. If your current supplier isn't a contract supplier, then you will have to change to a contract supplier for Medicare to help pay.
- However, depending on how long you have been renting your enteral nutrition equipment (feeding pump), you might not need to get the equipment from a contract supplier.
 - If you have been renting an enteral infusion pump on a continuous basis for more than 15 months, your supplier must continue to provide you with the pump as long as it is medically necessary even if the supplier isn't a contract supplier. If your current supplier isn't a contract supplier, it isn't allowed to pick up the pump from you because Medicare is still covering it.
 - If you have been renting an enteral infusion pump for less than 15 months, and your current supplier isn't a Medicare contract supplier under the new program, then you will have to change suppliers. However, your current supplier isn't allowed to pick up any equipment or supplies from you until the last day of the last rental month that began before January 1, 2011. Your current supplier and your Medicare contract supplier must work together and coordinate to make sure you have the equipment you need. For example, if you have paid for a rental pump with your current supplier through the end of December, they must continue to provide the equipment you need through December 31 and make sure they work with your new supplier so that you don't have any interruptions in service.

What you need to know if you use a walker or a power mobility device (power wheelchairs and scooters)

- If you need a replacement walker or power mobility device, you may need to find a new supplier if your supplier isn't a contract supplier if you want Medicare to help you pay for the item.
- If you're renting these types of equipment from a non-contract supplier when the program starts on January 1, 2011, you may have the choice to stay with your current supplier if your supplier chooses to become a "grandfathered" supplier. Your supplier will let you know in writing 30 business days before the program begins whether it will or won't become a "grandfathered" supplier. See page 10.
- When you switch to a Medicare contract supplier from a non-contract supplier, your current supplier and your new Medicare contract supplier must work together and coordinate to make sure you have the equipment you need.
- You can use any Medicare-approved supplier (including a non-contract supplier) to make repairs to a walker or power mobility device that you currently own, including replacement of parts needed for the repair. See page 22.

What you need to know if you use oxygen, oxygen equipment, and supplies

- If your current supplier is a Medicare contract supplier, you don't have to do anything. You will continue to get your oxygen or oxygen equipment as usual, and Medicare will continue to pay.
- If you're renting these types of equipment from a non-contract supplier when the program starts on January 1, 2011, you may have the choice to stay with your current supplier if your supplier chooses to become a "grandfathered" supplier. Your supplier will let you know in writing 30 business days before the program begins whether it will or won't become a "grandfathered" supplier. See page 10.

What you need to know if you use oxygen, oxygen equipment, and supplies (continued)

- When you switch to a Medicare contract supplier from a non-contract supplier, your current supplier and your new Medicare contract supplier must work together and coordinate to make sure you have the equipment you need.
- Under current rules for oxygen, Medicare pays suppliers a monthly fee for furnishing all medically necessary oxygen and oxygen equipment, including accessories and supplies like tubing or a mouthpiece. Assuming that you have met your annual Part B deductible, Medicare pays 80% of the allowed amount, and you pay 20%. After 36 months of continuous use, Medicare stops making rental payments for the oxygen equipment, but you will, in almost all circumstances, continue to get the oxygen equipment, accessories, and supplies from the same supplier with no rental charge until the end of the reasonable useful lifetime of the oxygen equipment (generally 5 years after the date that the equipment was delivered to you). If you have been renting your equipment for 27 to 35 months and you switch to a Medicare contract supplier, you may have to pay for renting the equipment for a few months longer than expected (from one to nine months beyond the 36 month period) before your rental payments stop. This will result in additional months of coinsurance. However, the amount you pay will be lower than before because the amount you will pay will be based on the new payment rates under the competitive bidding program. Talk with your new supplier about how this affects you, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048.
- If you have been renting your equipment for 36 months, you don't need to do anything. Your current supplier must continue to furnish your equipment at no additional rental charge until the equipment needs to be replaced because it has reached the end of its reasonable useful lifetime. When your old equipment needs to be replaced because it is too old, you will need to get replacement equipment from a contract supplier.

What you need to know if you rent Continuous Positive Airway Pressure (CPAP) Devices, Respiratory Assist Devices (RADs), Hospital Beds, or Mattress and Mattress Overlay Pressure Reducing Support Surfaces

- If your current supplier is a Medicare contract supplier, you don't have to do anything. You will continue to get your equipment as usual, and Medicare will continue to help pay.
- If you're renting these types of equipment from a non-contract supplier when the program starts on January 1, 2011, you may have the choice to stay with your current supplier if your supplier chooses to become a "grandfathered" supplier. Your supplier will let you know in writing 30 business days before the program begins whether it will or won't become a "grandfathered" supplier. See page 10.
- When you switch to a Medicare contract supplier from a non-contract supplier, your current supplier and your new Medicare contract supplier must work together and coordinate to make sure you have the equipment you need.
- Under current Medicare rules, you own these types of equipment after renting for 13 months. When you switch to a Medicare contract supplier instead of using a "grandfathered" supplier or other non-contract supplier, your 13-month rental period will start over, so you won't own the equipment until after the new rental period ends. This will extend your rental period and result in additional months of coinsurance. However, the amount you pay will be lower, because the amount you will pay will be based on the new payment rates under the new program.
- Once you own the equipment, you must get replacement supplies and accessories for the equipment from a contract supplier in order for Medicare to help you pay for these items. You may obtain repairs for the equipment you own from any Medicare-approved supplier (even a non-contract supplier), including replacement parts needed for the repair. See page 22.
- If you already own your equipment, you will need to use a Medicare contract supplier for your replacement supplies and accessories (like masks used with the CPAP device). Therefore, you will need to change suppliers after January 1, 2011, if you're currently receiving these items from a supplier that doesn't become a contract supplier under the new program.

What you need to know if you need to repair and replace equipment you own

- If you own medical equipment that is included in the program, you can use any Medicare-approved supplier (even a non-contract supplier) for repairs or replacement parts needed for the repair of your equipment. Before your equipment is serviced, make sure the supplier is Medicare-approved so the service is covered. A “Medicare-approved” supplier means any supplier that can submit claims to Medicare.
- If you need to replace your medical equipment, you must use a Medicare contract supplier for Medicare to help pay for the equipment.
- Medicare doesn’t pay for repairs that are covered under a manufacturer’s or supplier’s warranty. If you need warranty repairs, follow the warranty rules.
- If you’re renting medical equipment, the cost of needed repairs is included in the rental payments. The supplier renting you the equipment must fix it at no additional charge to you.

SECTION

Rights and Protections

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What if I have a complaint?

You may file a complaint with your supplier. The supplier must let you know they received your complaint and are investigating it within 5 calendar days. Within 14 days, the supplier must send you the result and their response in writing. You may also make a complaint by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Complaints that can't be resolved by a 1-800-MEDICARE customer service representative will be referred to the appropriate office.

Are there rules for how Medicare contract suppliers can advertise?

Yes. The same marketing rules and regulations for Original Medicare apply to the new competitive bidding program. For example, suppliers can't misuse symbols, emblems, or names in reference to Social Security or Medicare.

In addition, Medicare has specific standards for marketing to people with Medicare. Suppliers can't make unsolicited contact with you (that is, by telephone, computer, email, instant messaging, or in person) about supplying a Medicare-covered item unless one of the following applies:

- You have given written permission to the supplier to contact you about a Medicare-covered item that you need to rent or purchase.
- The supplier is coordinating delivery of the item.
- The supplier is contacting you about furnishing a Medicare-covered item other than a covered item you already have, and the supplier has furnished at least one covered item to you during the previous 15-month period.

Are there rules for how Medicare contract suppliers can advertise? (continued)

For more information about your rights and protections, visit <http://go.usa.gov/low> to view the booklet, “Your Medicare Rights and Protections,” or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

What other rules must Medicare contract suppliers follow?

All Medicare contract suppliers have to meet special competitive bidding program requirements, Federal quality standards and state licensure requirements, be in good standing with Medicare, and be accredited by an Independent Accreditation Organization. Here are some of the rules Medicare contract suppliers must follow:

- They must accept assignment for all contract items. This means they cannot charge you more than the Medicare-approved amount.
- They must offer the same brands of equipment to Medicare and non-Medicare customers.
- They must make competitively bid items and supplies available throughout the entire competitive bidding area.
- They can only furnish equipment that meets all applicable Food and Drug Administration regulations, effectiveness, and safety standards.
- They must maintain equipment according to manufacturer’s guidelines.
- They must furnish all equipment using educated professionals who meet applicable licensure requirements.
- They must make available a competent professional to provide or arrange for necessary repairs or replacement of existing equipment.
- They must furnish safe operating equipment that is consistent with the doctor’s prescription.
- They must provide appropriate instructions and training on the safe use and maintenance of the equipment.
- They must be aware of changes in your medical needs and work together with your doctor.

What other rules must Medicare contract suppliers follow? (continued)

Note: If you use **respiratory equipment**, your contract supplier must also do the following:

- Provide access to respiratory services 24 hours a day, 7 days a week
- Make sure that all equipment is provided by educated professionals who follow nationally recognized guidelines for safe and effective patient care

If you use respiratory equipment and need assistance, a knowledgeable professional will come to your home, if necessary, to provide additional equipment or to troubleshoot issues with existing equipment.

Can a Medicare contract supplier work with other suppliers to get what I need?

Your Medicare contract supplier may work with other suppliers (sub-contractors) to provide you and other customers with certain services, like delivering or installing equipment. Your Medicare contract supplier (not the sub-contractor) should deal with you directly when making arrangements for services. Sub-contractors shouldn't market to you directly. If you have questions about the sub-contractor, talk to your Medicare contract supplier. You can find their telephone number by visiting www.medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Who do I contact if I don't think a supplier is following these rules?

If you don't think a supplier is following these rules, you can file a complaint with the Competitive Acquisition Ombudsman. The Competitive Acquisition Ombudsman must respond to individual and supplier inquiries, issues, and complaints.

The Ombudsman reviews the concerns raised by people with Medicare through 1-800-MEDICARE and through your State Health Insurance Assistance Program (SHIP).

Visit www.medicare.gov/Ombudsman/resources.asp for information on inquiries and complaints, activities of the Ombudsman, and what people with Medicare need to know.

Where can I get more information about the DMEPOS Competitive Bidding Program?

If you're currently renting or need durable medical equipment or supplies and have any questions about what's covered or about suppliers, you can get information in one of the following ways:

- Visit www.medicare.gov/supplier for a list of Medicare contract suppliers and information about the program.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (SHIP) for free health insurance counseling and personalized help understanding these changes. For the telephone number of the SHIP office near you, visit www.medicare.gov and select "Help & Support." You can also call 1-800-MEDICARE.

**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services

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